

<i>SERFF Tracking Number:</i>	<i>FDLT-126192084</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42761</i>
<i>Company Tracking Number:</i>	<i>R-02949</i>		
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>		<i>H15G.001 Any Size Group</i>
	<i>Expense</i>		
<i>Product Name:</i>	<i>Group Supplemental Medical Expense Insurance</i>		
<i>Project Name/Number:</i>	<i>Outpatient Testing/Diagnostic Procedure Benefit Rider/R-02949</i>		

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Supplemental Medical Expense Insurance SERFF Tr Num: FDLT-126192084 State: ArkansasLH

TOI: H15G Group Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 42761

Sub-TOI: H15G.001 Any Size Group

Filing Type: Form

Co Tr Num: R-02949

Co Status:

Authors: Tara Wilson, Kelly

Humiston, Teresa Saling, Janice

Garmon, Jennifer Glaser

Date Submitted: 06/24/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/25/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Outpatient Testing/Diagnostic Procedure Benefit Rider

Project Number: R-02949

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/25/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/22/2009

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 06/25/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Supplemental Medical Expense Insurance

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Expense
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R-02949 Outpatient Testing/Diagnostic Procedure Benefit Rider

We respectfully submit the above referenced form for your review and approval. This form is new and does not replace any form previously filed or approved by your state.

The form will be solicited via agent one-on-one solicitations to either large or small employer groups.

The Rider will provide an indemnity benefit if the person incurs a charge for outpatient diagnostic x-ray and laboratory tests. Benefits will be payable in addition to benefits provided under the policy to which this rider is attached.

This Rider will be used with Group Supplemental Medical Expense Policy M-9081 and C-9081 previously approved by your state on May 19, 2006.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648 8624, extension 1267, or E-mail me at jgarmon@fslins.com.

Company and Contact

Filing Contact Information

Janice Garmon, Contract Analyst
3130 Broadway
Kansas City, MO 64111-2406
jgarmon@fslins.com
(800) 648-8624 [Phone]
(816) 751-6026[FAX]

Filing Company Information

Fidelity Security Life Insurance Company	CoCode: 71870	State of Domicile: Missouri
3130 Broadway	Group Code: 451	Company Type: Life & Health
Kansas City, MO 64111-2406	Group Name:	State ID Number:
(800) 648-8624 ext. [Phone]	FEIN Number: 43-0949844	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	06/24/2009	28786426

Created by SERFF on 06/25/2009 10:31 AM

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Disposition

Disposition Date: 06/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FDLT-126192084* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *42761*
Company Tracking Number: *R-02949*
TOI: *H15G Group Health - Hospital/Surgical/Medical Sub-TOI:* *H15G.001 Any Size Group Expense*
Product Name: *Group Supplemental Medical Expense Insurance*
Project Name/Number: *Outpatient Testing/Diagnostic Procedure Benefit Rider/R-02949*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Outpatient Testing/Diagnostic Procedures Benefit Rider	Approved-Closed	Yes

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Company Tracking Number: R-02949

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Expense

Product Name: Group Supplemental Medical Expense Insurance

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Form Schedule

Lead Form Number: R-02949

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	R-02949	Certificate Amendment, Insert Page, Endorsement or Rider	Outpatient Testing/Diagnostic Procedures Benefit Rider	Initial		50	R-02949.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

OUTPATIENT TESTING/DIAGNOSTIC PROCEDURES BENEFIT RIDER

By attachment of this Rider, the {Policy}/{/}{Certificate} is amended {if the Benefit is shown as available in the Schedule of Benefits} by adding the following:

{Schedule of Benefits}

Benefit

Outpatient Testing/Diagnostic Procedures

Benefit

{ After the Benefit Year Deductible has
been met }

Benefit Amount

{{ \$30 - \$100, \$125, \$150 } per testing day.

Benefit Year Maximum: { \$100 - \$500 } per Insured
Person }

{{ \$75 - \$150 } per testing day.

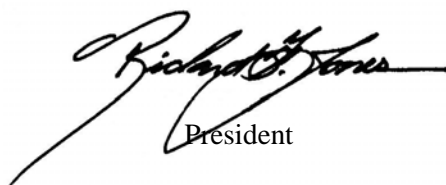
Benefit Year Maximum: 3 testing days per Insured
Person }}

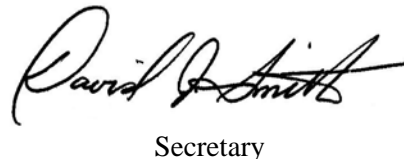
The Company will pay the Outpatient Testing/Diagnostic Procedures Benefit shown in the Schedule of Benefits {above} {in the Certificate} {, subject to the Benefit Year Deductible} if the Insured Person incurs a Covered Charge as the result of diagnostic x-rays, laboratory tests and procedures ordered by a Physician and performed on an Insured Person due to {Sickness} {or} {Injury}.

Benefits are only payable if the Covered Charges are incurred while the Insured Person is not an Inpatient. This Benefit is in addition to any Benefit provided under the Policy.

This Rider takes effect on the {later of the} effective date {of the {Policy}/{/}{Certificate} to which it is attached} {or {Month Day, Year}} {shown in the Certificate Schedule of Benefits}. This Rider terminates concurrently with the {Policy}/{/}{Certificate} to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the {Policy}/{/}{Certificate} except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification Approved-Closed 06/25/2009
Comments:
See Attached.
Attachment:
Readability Certification.pdf

Review Status:
Satisfied -Name: Application Approved-Closed 06/25/2009
Comments:
The applications that will be used with this form are A-01056 and A-01057 approved in your state on May 19, 2006.

FIDELITY SECURITY LIFE INSURANCE COMPANY

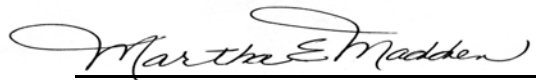
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* R-02949

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Martha E. Madden
Vice President and General Counsel

June 22, 2009

Date